



Incident Report

Print Date/Time: 04/07/2016 13:41
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00006399

Incident Date/Time: 4/5/2016 4:06:00 PM
Location: 11000 BLK 20TH ST NE
LAKE STEVENS WA 98258
Phone Number: (360) 454-8146
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19S11	SS0071-Valvick

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ORTEGA, AICITEL					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/05/2016 : 16:07:32 SP0408 Narrative: BDCST

04/05/2016 : 16:06:55 SP0100 Narrative: CC/ NON INJ, NON BLOCKING. GRY PT CRUISER VS GRY PC. LR100


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E531863
CASE # 2016-00006399
LOCAL AGENCY CODING
TOTAL # OF UNITS 02 **OBJECT STRUCK**
TRIBAL RESERVATION
DATE OF COLLISION 04 - 05 - 2016 **TIME (2400)** 1606 **COUNTY #** 31 **MILES** N ☐ E ☐ IN ☒ S ☐ W ☐ **CITY #** 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ **NON-INTERSECTION** ☒ **20TH ST NE** **BLOCK NO.** ☒ 11100 **MILE POST**
DISTANCE 10.00 **MILES** ☒ N ☐ E ☒ S ☐ W **OF (REFERENCE OR CROSS STREET) ASHLEY POINTE**
UNIT 01 **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **DAMAGE THRESHOLD MET** YES ☐ NO ☒ **PHONE D: 3607087432**
LAST NAME HUBER **FIRST NAME** DANGWEN **MIDDLE INITIAL**
STREET NEW ADDRESS 3727 109TH AVE NE

CITY LAKE STEVENS **ST** WA **ZIP** 982589582

CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # HUBERD*014KE **STATE** WA **SEX** M **D.O.B.** 05 - 05 - 1999

ON DUTY ☐ **STATUS** **AIRBAG** 2 **RESTR.** 4 **EJECT** 1 **HELMET USE** 2 **INJURY CLASS** 1 **NATURE OF INJURIES**
LICENSE PLATE # AJV1094 **STATE** WA **VIN#** JTLKT324164045391

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR 2006 **MAKE** TOYT **MODEL** SCIXBS **STYLE** UT **VEHICLE TOWED** YES ☐ NO ☒ **TOWED BY** **GOVT. VEHICLE** YES ☐ NO ☒
REGISTERED OWNER INFO.
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** OREGON MUTUAL WP 702693

VEHICLE LEGALLY STANDING YES ☐ NO ☐ **CITATION #** **CHARGE**
UNIT 02 **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** YES ☐ NO ☒ **PHONE D: 3604548146**
LAST NAME GARCIA MEDINA **FIRST NAME** JUAN **MIDDLE INITIAL** S

STREET NEW ADDRESS 634 TERRACE ST APT 7

CITY MONROE **ST** WA **ZIP** 982722140

CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # GARCIJS122D3 **STATE** WA **SEX** M **D.O.B.** 03 - 23 - 1988

ON DUTY ☐ **STATUS** **AIRBAG** 2 **RESTR.** 4 **EJECT** 1 **HELMET USE** 2 **INJURY CLASS** 1 **NATURE OF INJURIES**
LICENSE PLATE # AYY7306 **STATE** WA **VIN#** 3C8FY68B52T385846

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR 2002 **MAKE** CHRY **MODEL** PTCRUSR **STYLE** **VEHICLE TOWED** YES ☐ NO ☒ **TOWED BY** **GOVT. VEHICLE** YES ☐ NO ☒
REGISTERED OWNER INFO.
LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #**
VEHICLE LEGALLY STANDING YES ☐ NO ☐ **CITATION #** **CHARGE**
OFFICER'S NAME (PRINT) G. SHEIN **BADGE OR ID #** 0136 **AGENCY** WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E531863**CASE # **2016-00006399**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was traveling eastbound in the 11100-block of 20th St NE. Unit 1 was traveling westbound, turning southbound onto a private driveway across from Ashley Pointe. Unit 1 did not yeild to Unit 2. Unit 2 struck Unit 1. Driver of Unit 1 admitted that it was his fault and that he did not pay attention.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Gleb Shein #136
Officer

4/5/2016
Date

Lake Stevens, WA
Location Signed

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN

04-06-16 12:18 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

4/7/2016 4:14:22 AM

BADGE OR ID #

0136

ORI #

WA0311900

TIME POLICE DISPATCHED

4:06 PM

TIME POLICE ARRIVED

4:10 PM

REPORT NO. E531863

CASE # 2016-00006399

DATE AND TIME
OF COLLISION 04/05/16 16:06









